

EXHIBIT A

etLife

Policy Number _____

Application for Life Insurance

Company (Check the appropriate ONE.)

Company indicated in this section is referred to as "the Company"

☐ Metropolitan Life Insurance Company☐ New England Life Insurance Company☐ MetLife Investors Insurance Company☐ General American Life Insurance Company☒ MetLife Investors USA Insurance Company

SECTION I - About the Proposed Insured

If Additional Insureds please complete the Additional Insureds Supplement form

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
| WILLIAM | | TEUMER |

| | | | |
|-------------------|----------|-------|-------|
| Permanent Address | City | State | Zip |
| 5 Echo Lane | Fairhope | AL | 36532 |

| | | |
|----------------------------|---------------|-----------------------|
| Country of Legal Residence | Date of Birth | E-Mail Address |
| SA | 1963 | vteumer@bellsouth.net |

| | | | | | | | | |
|----------------------|------------------------|------------------------|------|--|------|--|-----|--|
| Primary Phone Number | Alternate Phone Number | Preferred Time to Call | From | <input checked="" type="checkbox"/> AM | To | <input type="checkbox"/> AM | Sex | <input checked="" type="checkbox"/> Male |
| 516057917 | | | 8:00 | <input type="checkbox"/> PM | 4:00 | <input checked="" type="checkbox"/> PM | | <input type="checkbox"/> Female |

| | | | |
|--------------|----------------------------------|----------------------|-----------|
| Age of Birth | Social Security or Tax ID Number | Earned Annual Income | Net Worth |
| SA, WI | 3860 | 500000 | |

| | | | |
|-----------------------|--|-----------------------------------|---|
| U.S. Driver's License | If not licensed, please indicate other form of ID: | <input type="checkbox"/> Passport | <input type="checkbox"/> Government Issued Photo ID |
| Issued | ID Number | Issue Date (if any) | Expiration Date (if any) |
| | 4478813 | 11/3/2010 | 12/28/2014 |

| | | | | |
|-------------------|---------------|-------|-------|-----------------|
| Employer | Employer City | State | Zip | Position/Duties |
| Grade Valve, Inc. | Fairhope | AL | 36532 | Owner/President |

| | | |
|---|----------------------|-------------------|
| U.S. CITIZENS ONLY - Country of Citizenship | Green Card/Visa Type | Expiration Date |
| Country of Permanent Residence | ID Number | Years in the U.S. |

SECTION II - About the Owner

Complete ONLY if the Owner is NOT the Proposed Insured.

| | | |
|--|---------------|-----------------------|
| OWNER - TRUST / BUSINESS ENTITY - Name of Entity | Tax ID Number | Trustee / Owner State |
|--|---------------|-----------------------|

| | | | | |
|--------------------------------|--|----------------------------------|---|--|
| <input type="checkbox"/> Trust | <input type="checkbox"/> Business Entity | <input type="checkbox"/> Charity | <input type="checkbox"/> Qualified Pension Plan | <input checked="" type="checkbox"/> Complete the appropriate required form(s). |
|--------------------------------|--|----------------------------------|---|--|

OWNER - OTHER INDIVIDUAL

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

| | | | |
|-------------------|------|-------|-----|
| Permanent Address | City | State | Zip |
|-------------------|------|-------|-----|

| | | | | |
|----------------------------|-------------|----------------------------------|---------------|--------------|
| Country of Legal Residence | Citizenship | Social Security or Tax ID Number | Date of Birth | Phone Number |
|----------------------------|-------------|----------------------------------|---------------|--------------|

| | | | |
|----------------|----------------------|-----------|----------------------------------|
| E-Mail Address | Earned Annual Income | Net Worth | Relationship to Proposed Insured |
|----------------|----------------------|-----------|----------------------------------|

| | | | |
|-----------------------------|--|-----------------------------------|---|
| Please indicate form of ID: | <input type="checkbox"/> U.S. Driver's License | <input type="checkbox"/> Passport | <input type="checkbox"/> Government Issued Photo ID |
| Issuer of ID | ID Number | Issue Date (if any) | Expiration Date (if any) |

☐ Check if ownership should revert to Insured upon Owner and Contingent Owner's deaths.

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Check here if the Owner is the Primary Beneficiary.

Primary or Contingent Beneficiaries who are NOT the Owner, complete the table below

| Beneficiary Type | Name (First, Middle, Last) | Date of Birth | Relationship to Proposed Insured | Social Security Number (Optional) | Percentage of Proceeds (if not equal) |
|------------------|----------------------------|---------------|----------------------------------|-----------------------------------|---------------------------------------|
| Primary | Lee Teumer | 1962 | Spouse | | 100 |
| Primary | | | | | |
| Contingent | | | | | |
| Primary | | | | | |
| Contingent | | | | | |

Check here to include all living and future natural or adopted children of the Proposed Insured as Contingent Beneficiaries. (Name all living children above.)

If a Custodian is acting on behalf of a minor Beneficiary listed above, please use **Co-Owner/Contingent Owner and UTMA Designations Supplement** form

Federal law states that if someone with special needs has assets over \$2,000, they may lose eligibility for government benefits

SECTION IV - About Proposed Coverage

Check the desired coverage(s).

| | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Universal Life | <input type="checkbox"/> Variable Life | <input type="checkbox"/> Whole Life | <input checked="" type="checkbox"/> Term Life |
| Product Name | Product Name | Product Name | GLT 10 |
| Face Amount* | Face Amount* | Face Amount* | 500000 |
| Riders and Details | Riders and Details | Riders and Details | |
| Coverage Continuation (UL only) | | | |
| Disability Waiver: | <input type="checkbox"/> Disability Waiver | Disability Waiver: | |
| Specified Premium | Dividend Options: | <input type="checkbox"/> Convertible | <input type="checkbox"/> Non Convertible |
| Monthly Deduction (VUL only) | <input type="checkbox"/> Paid-Up Additions | | |
| Death Benefit Option | <input type="checkbox"/> Other, please specify | | |
| Definition of Life Insurance. | <input type="checkbox"/> Automatic Premium Loan Requested | | |
| Guideline Premium Test | | | |
| Cash Value Accumulation Test | | | |
| Planned Premium | | | |
| 1 | | | |
| 2 to | | | |
| to (UL only) | | | |

① For a full list of riders and options, please consult with your Producer
Note: Some riders may require supplement forms to be completed
 ② For Variable Life products, please complete the **Variable Life Supplement** form.
 * If Face Amount is equal to or exceeds \$1,000,000, please complete the **Personal Financial Information** form.

ADDITIONAL OPTIONS

One Time (Single) Payment Amount 1035 Exchange Amount Requested Policy Date ☐ Save Age

POLICY OPTIONS

- ☐ Alternate Policy. Product, Face Amount and Details
☐ Additional Policy. Product, Face Amount and Details
☐ Group Conversion Only
☐ Group Conversion Alternative
- } Please complete the **Group Conversion Supplement** form for either choice



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